Approved <u>MEETING MINUTES</u> STATE CONSUMER AND FAMILY ADVISORY COMMITTEE

April 9, 2009

<u>Present</u>: Nancy Black, Wilda Brown, Terry Burgess, Gladys Christian, Marianne Clayter, Zack Commander, Bill Cook, Kathy Crocker, Roger Griesinger, Libby Jones, Laura Keeney, Ron Kendrick, Carl Noyes, Paul Russ, Renee Sisk, Andrea Stevens, David Taylor Jr. Amelia Thorpe, Rosemary Weaver and Glenda Woodson. <u>Resigned</u>: Carol DeBerry.

<u>Staff Present</u>: Secretary Lanier Cansler, Leza Wainwright, Chris Phillips, Flo Stein, Cathy Kocian, Jesse Sowa. **Guests**: Carolyn Anthony, Gail Boswell, Fred Johnson, Delphia Newcomb, Judy Taylor, and Brianna Woodson.

Presenter & Topic	Discussion	Action
Welcome:	The meeting was called to order at 9:30 AM.	The agenda was approved.
Ron Kendrick, SCFAC Chair Public Comment Time	Chris Phillips distributed a press release dated April 8, 2009 titled DHHS	The March 2009 minutes were approved.
	Presents New Plan for Dare at Central Regional Hospital. The main points included: Dorothea Dix hospital will remain open for three more years and maintain a 60-bed psychiatric care overflow unit. The long-term children's program will remain at Dix and the program will be expanded to also serve the children currently served on the Butner campus. This expansion will allow for up to 25 young people to receive services at Dix. The low risk forensic patients will continue to be served at the Dix campus. There will be a 12-bed research unit on Dix campus in cooperation with the UNC-CH School of Medicine psychiatric training program. Central Regional Hospital (CRH) will be fully utilized. The short-term children and adolescents program will be consolidated and moved into CRH and will provide services for up to 72 short-term children and adolescent patients. High-risk forensic patients will be transferred to CRH for care and treatment. Ron Kendrick mentioned that Broughton was decertified, but Centers for Medicare and Medicaid (CMS) recertified the hospital. It's likely that CMS may have to pay all back federal funds reimbursement to Broughton.	

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	• Disability Rights North Carolina (DRNC) has proposed statute changes to the	
	current local CFAC (G.S. 122C-170) and SCFAC (G.S. 122C-171) statute.	
	Chris Phillips stated that he distributed the initial proposed statute changes as	
	soon as he received a copy of the Bill and also instructed CET members to	
	contact one CFAC Chair in their respective area to gather feedback. Ron	
	Kendrick, Kathy Crocker, Nancy Black, Chris Phillips, Verla Insko and Vickie	
	Smith all met in Raleigh to discuss the suggested changes. The SCFAC	
	members do not believe there is a need to make any changes to the current	
	statute, and they are concerned that they were not confronted prior to	
	distribution. SCFAC members, who are also local CFAC members, stated	
	they were not contacted by any other source other than Chris Phillips	
	regarding the proposed changes.	
Discussion with Division Leadership	Leza mentioned that the proposed CFAC statute changes will depend on input	
Leza Wainwright	from local CFAC members to members of the General Assembly. The Bill	
	first goes to the House Mental Reform Committee.	
	• Leza discussed the Senate budget and noted that it is problematic for	
	MH/DD/SAS. The Senate budget reduced the Governor's proposed tax	
	increase on cigarettes which could generate revenues to be used on health	
	related programs. Additionally, the budget calls for the elimination of	
	positions that have been vacant for six months or more. Leza stated that all	
	state positions will never be filled 100% of the time and the Governor looked	
	at historical vacancy and her budget had allowed for increased line item	
	expenditures using lapsed salaries. The Senate budget gives the Secretary	
	"management flexibility" authority to make decisions regarding generating	
	savings including whether to furlough state employees and eliminate vacant	
	positions. The budget does not allow for additional equipment purchases and	
	calls for the elimination of 25 beds at both Broughton and Cherry Hospitals.	
	Broughton hospital funds were also reduced by \$8 million dollars due to	
	anticipated payback of funds by CMS. In addition, it proposes the closure of	
	Wright and Whitaker schools. The budget proposes to give \$12 million for the	
	expansion of community psychiatric beds.	
	 Leza mentioned that the federal stimulus funds have money for states to 	
	upgrade electronic healthcare information systems although it is unknown at this time the extent to which DMH/DD/SAS will benefit from these funds.	
	Leza noted that position reductions could make some facilities out of Place Mountain Place Mountain	
	compliance with federal staffing requirements. For instance, Black Mountain	
	Center is required to have a physical therapist in order to meet federal	
	requirements. That facility has been filling that position through the use of	
	contracted staff. Leza pointed out that it is imperative to maintain certain	
	positions in order to meet required staffing standards. Laura Keeney inquired	
	about whether Leza had had the opportunity to explain the need for positions.	

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	Leza confirmed that she met with various legislators yesterday regarding the MH/DD/SA needs.
	• David Taylor, Jr. asked about what is happening with the new CAP MR/DD slots for FY '08-'09. Leza said that these would be allocated because the Governor did not propose any reductions in CAP MR/DD slots. The Governor and the Senate's budgets reflect neither an increase nor a reduction in the funding for CAP-MR/DD.
	 Leza provided an overview of the progress being made at Albemarle as far as stabilizing the LME. She said that we are catching up paying providers who had not been paid and paying other bills that were owed as well as trying to centralize operations and reduce the leased space throughout the area and make operations more centralized.
	• Gladys Christian asked if providers could hire Peer Support Specialists and pay them for services rendered. Leza responded that there is no prohibition on providers on hiring and using Peer Support Specialists. She also said that there are no other states directly billing Medicaid at this time for stand-alone service for peer support under a fee-for-service system, like that in NC. The only states who can cover peer support as a stand alone service at this time are operating under a Medicaid waiver. In NC, at this time, only ACTT and CSS are eligible to bill Medicaid for peer support services.
	 Carl Noyes stated that he's been doing research on peer support models across the country and that the rate of reimbursement is much lower for peer support specialists. Carl went on to say that these services need to be funded more at parity with other staff.
	• Leza discussed the group of service definitions that are currently being reviewed by the Physicians Advisory Group (PAG). At this point, it appears that that there is only one major change for the Community Support Team (CST) definition and that requires an agency to have at least one licensed clinician on staff.
Secretary Lanier Cansler	Ron Kendrick welcomed the Secretary and thanked him for taking time out of his schedule. The Secretary acknowledged that he hopes that this visit with SCFAC is one of many opportunities to talk. He would like to attend SCFAC periodically and also have his Assistant Secretary attend SCFAC to gather feedback. In addition, he gave a brief history of his education and career. The Secretary moved to Buncombe County and practiced business for 20 years and has a strong background in Hospice.
	• In 1994, the Secretary was first elected to the General Assembly (GA) and was re-elected three times. He also has served as the Chair of the Health and Human Service Appropriation Committee. In 2001, the Secretary became Deputy Secretary of the DHHS. Then in 2009, Governor Perdue asked Lanier Cansler to be the Secretary.

- The Secretary stated that his number one priority is to develop an entirely new confidence and trust in the agency. He's also willing to find ways to make things work and he'll be making changes in leadership to gather fresh ideas. This will require the development of a three person team to focus on system development:
 - o First, he described a new Assistant Secretary position (which has not yet been filled), the function of which will be to build the capacity of our system in the community.
 - o Secondly, he described the role of Mr. Luckey Welsh, the new Director of State Facilities (the 14 state operated facilities).
 - o Finally, the third position on this Team is the Director of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).
- The Secretary briefly discussed the LMEs and stated that the LOC strongly favors this management approach. The LMEs are not in the service provision business and it's their job to develop community capacity and utilization review is underway. In addition, he also stated that they are looking at the PBH waiver with regards to expanding the waiver, because it can only occur regionally and not with twenty LMEs. The goal would be to implement the waiver one at a time and make sure that the LME is stabile before moving forward. Several SCFAC members were concerned with accountability and suggested that DHHS acknowledge problems before a disaster occurs.
- The new Medicaid Management Information System (MMIS) will be an asset to the DHHS. This system will allow the review of data and trends in MH/DD/SA services. The goal is to develop a greater ability to share information among providers to ensure appropriate care and services for consumers. Recently, the state went in and reviewed charts for Personal Care Services (PCS) and there were over 900 charts that didn't meet the criteria for PCS. The federal government will not pay for services that are not medically necessary, and they will pull funds if PCS don't meet the criteria.
- Secretary Cansler stated that one thing the LMEs must due according to law is to build capacity in the local communities. The hospitals are willing to provide beds for consumers, but they prefer to work with the state directly.
- Carl Noyes pointed out that LME staff are people in clinical positions, but they hold MBAs. Plus, the LMEs are developing their own system and the rules state all LMEs need to do certain things. Secretary Cansler stated that there is a need for data to support the changes and this will be an evolutionary process to work through and sort out. There are expectations for providers and there is a need to identify their responsibilities because the legislation says to create consistency.
- Kathy Crocker was pleased with the terms being used by the Secretary and

	hoped that this continues to reflect the "people we serve". Secretary Cansler	
	acknowledged that consumers and family members will be included on	
	committees and part of discussions, because he doesn't want anything	
	happening in a vacuum. Andrea Stevens asked how the Secretary planned to	
	continue to hear personal stories, and he stated that's the biggest impact on	
	him when he sits and listens to individual people.	
	Wilda Brown was interested in knowing how the rural areas would be held	
	accountable versus the large urban LMEs. Secretary Cansler stated that this is	
	done with utilization review. The legislation doesn't want LMEs providing	
	services, but if the only way to provide services is through the LME then that	
	poses a conflict of interest with doing utilization review.	
	Bill Cook acknowledged his past and present experience working in the	
	substance abuse (SA) field since 1974, as an Employee Assistance Program	
	(EAP) representative. He also mentioned that many people with SA do not get	
	help and he's heard that only 7-8% of the SA population get services. In	
	addition, the difficult part is getting SA to get help. Secretary Cansler noted	
	that there is a lack of access to SA care in NC and the system has lost quite a	
	few SA providers. In addition, he stated that there may be an opportunity for	
	federal dollars for SA projects but those funds are temporary. Bill suggested	
	that the Secretary look into prevention programs before developing a pilot	
	program.	
	• Ron Kendrick advised the Secretary that the SCFAC as a group is very vocal	
	and concerned about system issues. He also informed the Secretary of their	
	visit with Representative Insko and found that to be very helpful. Secretary	
	Cansler invited SCFAC members to email him directly and provided members	
	with his email address.	
Substance Abuse Presentation	• Flo Stein, Chief of Community Policy Management, distributed a PowerPoint	Flo Stein will attend the next SCFAC
Flo Stein	handout The Publicly-Funded Substance Abuse Recovery Oriented System of	meeting to provide further
	Care. Prior to reform, the disability funding was divided into three categories:	information on SA services in NC.
	mental health, substance abuse, and developmental disabilities. However, this	
	method was perceived to be too much in a silo and ineffective. Therefore, the	
	goal was to reorganize and establish functions aside from disability specific	
	categories. The following topics were covered in the presentation:	
	o SA Admissions by age and year,	
	o Total system funding,	
	o Community services by disability,	
	 Principles of an ideal system of care for adults and children with SA, Principles (SAMHSA), 	
	o Principles (SAMHSA), o PCP,	
	o NC SA treatment components and comprehensive services,	
	o SA Continuum of care,	
	O SA COMMINUM OF CARE,	

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	 ○ Workforce issues, ○ Priorities within SA populations, ○ Alcohol and Drug Abuse Treatment Centers (ADATC), ○ What is TASC, ○ DWI services, ○ Oxford Houses, ○ Child and adolescent Services, and ○ Managing Access to Juvenile Offender Resources and Services (MAJORS). The Substance Abuse (SA) block grant is the largest block grant in the nation, and it is divided up between states based on population and index of health care prices. The only payers for SA treatment are the federal and state governments due to the perception that SA is a moral issue. However, 50% of all addictions are genetic and the brain changes have occurred over time. The Wellstone/Kennedy Act is a federal law that was passed in order to provide MH/SA parity at the federal level. Starting October 2010, all companies who offer insurance benefits to employees and dependants and have at least fifty employees will have to provide MH/SA benefits as part of their available insurance benefits. Recovery is the key to successful lifestyles and it's important for people to get into recovery and not just a treatment program. Chris Phillips stated that 90% of NC inmates have an alcohol or drug related crime. Several SCFAC members believe that rehabilitation is necessary in prisons (i.e. education, books, job skills, etc). In addition, there is a shortage of qualified workers so it's imperative for employees with SA problems to the necessary supports to recover and return to the work force. The Institute of Medicine (IOM) task force spent 18 months reviewing SA issues and solutions, prior to providing recommendations to the general Assembly. 	
NAMI Grading the State 2009 Report	Debbie DiHoff, Executive Director of NAMI NC, sent Ron Kendrick feedback via email regarding SCFAC member's concerns on the NAME Grading the States 2009 Report. In addition, she requested that a SCFAC member participate on an advisory committee pertaining to pharmaceutical companies in NC. The committee discussed the possibility of inviting NAMI NC to attend a future SCFAC meeting.	
SCFAC Sub-Committees	Each Sub-committee chair provided an update on current activity. The Budget Task Team will now be chaired by Nancy Black. The Plans Task Team is doing research on the Division's strategic plan. The Services Task Team has been looking at the top two concerns regarding Access and transportation, and stated that the Division has provided the LMEs with funding to develop marketing strategies designed to increase the penetration rate.	Roger Griesinger will attend the next LOC meeting and present information on the Plans task team. Bill Scott, Team Leader, Budget & Finance, will attend the next SCFAC

		meeting and provide training on <i>How</i> to Read a Financial Statement.
Local SCFAC to SCFAC Annual Survey	• Kathy Crocker advised SCFAC members that the electronic survey is completed and she is making the final edits. The goal is to distribute the report on Tuesday, April 14, 2009. The completed surveys need to be submitted by June 30, 2009. The results will be finalized and ready for distribution at the August SCFAC meeting.	
Communication with Local	SCFAC members are in the process of contacting their local Representatives	
Representatives	and Senators, in order to introduce themselves and get acquainted.	
Next Meeting Date	• The next meeting is scheduled for May 14, 2009 from 9:30 A.M3:00 P.M. The meeting will be held in the Four Sisters Room at the Clarion Hotel State Capital, 320 Hillsborough Street, Raleigh, N.C.	
May 2009 Meeting Agenda	 Approval of the Agenda. Approval of the April 2009 minutes. Discussion with Division Leadership. Substance Abuse Presentation. How to Read a Financial Statement. Task Team Reports. Task Team Work Sessions. 	
Future Agenda		